

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 02/13/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 02/15/2005					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED
3404901	SMOKY MOUNTAIN	8505	15	CLAIM DENIED DUE TO INSUFFICIE			
	H/DD/SAS			NT BUDGET			
		0	0		0	15	37
							22
3404904	WESTERN HIGHLAN	8517	407	CLAIMS DENIED, SUBMITTED BEYON			
	DS LME			D FILING TIMELIMIT. JULY			
				THROUGH APRIL DOS MUST BE SUBM			
		8518	361	CLAIM DENIED, SUBMITTED BEYOND	0	978	1287
				FILING TIMELIMIT. MAY AND			309
				JUNE DOS MUST BE SUBMITTED BY			
		21	129	DUPLICATE OF CLAIM-SYSTEM			
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***			
	AL HLTH CTR						
		0	0		0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404910	PATHWAYS	21	2290	DUPLICATE OF CLAIM-SYSTEM			
		8505	1442	CLAIM DENIED DUE TO INSUFFICIE	8	4940	9727
				NT BUDGET			4612
		8599	618	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
3404912	CATAWBA COUNTYM	8599	574	DETAIL NOT COVERED BY COMBINAT			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8931	59	AMTNC INELIGIBLE TO RECEIVE SE	70	645	3126
				RVICES IN IPRS.			2481
		8932	5	CMTNC INELIGIBLE TO RECEIVE SE			
				RVICES IN IPRS.			
3404913	MECKLENBURG COM	8599	2388	DETAIL NOT COVERED BY COMBINAT			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8329	1303	CLAIM DENIED ATTENDING PROVIDE	1314	7331	13067
				R CANNOT BE THE SAME AS			5736
				THE LMA			
		8933	1125	ADTNC INELIGIBLE TO RECEIVE SE			
				RVICES IN IPRS.			
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***			
	VICORAL HEAL						
		0	0		0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8933	134	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	285	784	6176	5392
		8517	122	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	24	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	25	135	581	446
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	185	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	32	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	16	285	5284	4999
		191	20	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASHEL L AREA MHI D	8505	558	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	753	1366	613
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	5312	2589	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	46	2902	4779	1873
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	11	201	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8329	54	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	327	345	18
		8505	38	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	VGFW AREA AUTHO RITY	5404	535	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	402	DUPLICATE OF CLAIM-SYSTEM	0	1143	6670	5429
		8518	82	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE R FOR MH/DD	21	27638	DUPLICATE OF CLAIM-SYSTEM				
		8599	1845	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	664	33393	40371	6978
		8505	1731	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	1603	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	120	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	44	1967	3737	1770
		21	70	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	2221	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	439	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	2761	2833	72
		8800	31	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE BARNETT MH/ DD/SAS	191	32	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	53	869	816
		8329	7	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL WLTHC	8931	105	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	41	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	165	227	3126	2899
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8599	986	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	177	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	249	1858	8378	6519
		120	169	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	21	36	DUPLICATE OF CLAIM-SYSTEM				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	18	159	2184	2025
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLow COUNTY B	11	120	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAVIORAL H			DATE				
		0	0		0	120	161	41
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8621	29	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	10	DETAIL NOT COVERED BY COMBINAT	9	60	2749	2689
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	EDGEcombe NASH	8505	42	CLAIM DENIED DUE TO INSUFFICIE				
	MENTAL HLTH C			NT BUDGET				
		21	5	DUPLICATE OF CLAIM-SYSTEM	1	59	2088	2029
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VOGFW DBA RIVERS	8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
	STONE COUNSEL			RVICES IN IPRS.				
		24	2	PROCEDURE CODE, PROCEDURE/MODI	3	7	635	628
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404939	NEUSE MENTAL HE	8599	252	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8651	12	ONLY FOUR UNITS ALLOWED PER MO	5	288	1945	1657
				NTH				
		120	10	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404941	PITT CO MH/DD/S	8599	68	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	39	CLAIM DENIED ATTENDING PROVIDE	13	188	847	659
				R CANNOT BE THE SAME AS				
				THE LMA				
		143	36	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942	ROANOKE CHOWANN	8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		191	6	CLIENT ID NUMBER DOES NOT MATC	17	42	628	586
				H PATIENT NAME				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404943	ALBEMARLE MENTAL HEALTH CE	11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		21	41	DUPLICATE OF CLAIM-SYSTEM	55	298	2866
		8931	40	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404944	EASTPOINTE HUMAN SERVICES	8000	153	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL			
		8599	85	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	327	3441
		8505	35	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
3404946	FOOTHILLS AREA MENTAL HEALTH	8599	177	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		191	76	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	1	274	9094
		21	10	DUPLICATE OF CLAIM-SYSTEM			
3404957	TIDEWATER MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	1360	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	89	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1449	1465
							16